Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

MOEG-P100 Attorney Docket Number **DECLARATION FOR UTILITY OR** Atsushi SAITOU First Named Inventor **DESIGN** PATENT APPLICATION **COMPLETE IF KNOWN** (37 CFR 1.63) **Application Number** Filing Date □ Declaration ☐ Declaration Submitted OR Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
AMINE-BASED BASIC COMPOUND AND USE THEREOF									
the specification of which (Title of the Invention) is attached hereto OR									
OR ☐ was filed on (MM/DD/YYYY) ☐ as United States Application Number or PCT International									
Application Number	and wa	as amended on (MM/DD/Y	vv)	-	(if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	y Attached? NO				
068229/2004 350599/2004	Japan Japan	03/10/2004 12/03/2004	0000	0000	0000				
	ation numbers are listed on a				to:				
I hereby claim the benefit	under 35 U.S.C. 119(e) of any	United States provisional	application(s) lis	sted below.					
Application Number	r(s) Filing Date	e (MM/DD/YYYY)	numbe supple	onal provisional ers are listed on emental priority SB/02B attached	a data sheet				
	l l								

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



us sign (+) inside this box + + Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

								_ =_					
United States of United States of information who	of Americ or PCT In ich is ma	fit under 35 U.S. ca, listed below a ternational applic terial to patental international filir	and, inso cation in bility as	ofar as the ma defined	the sub nner pro in 37 C	ject matt ovided by CFR 1.56	er of ea the first	ch of the	e claims ph of 35 t	of this appli U.S.C. 112,	cation is i acknov	not disclosed wledge the duty	in the prior to disclose
U.	S. Pare	ent Applicati Numb		PCT F	Parent	t			ling Da		Parent Patent Number (if applicable)		
PC	T/JP2	005/004189)					/10/20					
Additional	U.S. or F	PCT international	applicat	tion num	nbers a	re listed o	n a sup	plementa	I priority	data sheet f	TO/SB/	02B attached h	ereto.
As a named inv and Trademark	entor, I h Office co	ereby appoint the onnected therewi	e followi th:	Custon	stered p ner Num	ractitione nber	r(s) to p	rosecute	this appl	ication and t	o transa	ct all business i Place Custo Number Bar	omer
			×	OR Registe	ered pra	ctitioner(s	s) name	/registrat	ion numb	er listed bel	₀w L	Lahel her	
,,,,,,,,	Nam	e			Regis	tration nber				Name		Registration Number	
Barry				28,	566			War	ren A	. Zitlau	I	39,08	35
Additional	registered	d practitioner(s)	named o	n suppl	ementa	I Register	ed Prac	titioner I	nformatio	n sheet PTC)/SB/020	C attached here	eto.
Direct all corr		ence to: X	Custom or Bar (ner Nur	mber		232					ondence add	
Name	Barr	y I. Hollan	der										
Address	Holla	ınder Law	Firm	ո, P.I	L.C.								
Address													
City	· · · · · ·					1		State ZIP					
Country				Te	elepho	ne 70:	<u>3 - 3</u>	<u>83-48</u>	100	Fax	<u> 703</u>	<u>- 383-48</u>	304
believed to be punishable by	true; and fine or in	Il statements ma d further that the mprisonment, or t issued thereon	ese stat both, u	ements	were n	nade with	i the kn	owiedae	that will	iui taise sta	ements	and the like so	o mage are
Name of S	ole or f	irst Invento	r:					A petition	on has b	een filed f	or this u	unsigned inve	entor
G	iven Na	me (first and m	niddle (ir	f any])					E	amily Nam	e or Su	mame	
	,	Atsus								Sa	itou		
Inventor's Signature												Date	
Residence:	City	Tokyo			State			Country		Japan		Citizenship	JP
Post Office A	ddress	c/o Biomed	dical F	Resea	arch L	aborat	ories,	Kurel	na Cor	poration			
Post Office A	Address	3-26-2, Hy	akunir	n-cho	, Shin	ijuku-k	u						
City		Tokyo	State			z	IP _	169	-8503	Co	untry	Jap	an
X Addition -	linuanta	m ore being n	omod o	n the	1	ınnleme	hA lete	ditional	Invento	r(s) sheet/	s) PTO	/SR/02A attac	hed heret

Please type	a plus sign (+) inside this	box → +

PTO/SB/02A (3-97)
sign (+) inside this box

+ Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2_ of 3_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) Family Name or S							Sumame	Surname		
	Shigeyuki			Kikumoto						
Inventor's Signature	Date									
Residence: City	Tokyo	State	e Country Japan Citizenship					JP		
Post Office Address	c/o Biomedical Research Laboratories, Kureha Corporation									
Post Office Address	3-26-2, Hyakunin-cho, Shinjuku-ku									
City	Tokyo	State		ZIP 169-8503 Cool			Countr	Jap		an
Name of Additional Joint Inventor, if any:										
Given Name (first and middle [if any]) Family Name or Surname						· · · · · · · · · · · · · · · · · · ·				
Masahiro Ono										
Inventor's Signature						Date				
Residence: City	Tokyo	State		Country Japan Citizenship				JP		
Post Office Address	c/o Biomedical Res	earch l	.aborato	ries	, Kurel	na Corporati	on			
Post Office Address	3-26-2, Hyakunin-ch	no, Shii	njuku-ku							
City	Tokyo	State		ZIP 169-8503 Country Ja				apan		
Name of Addition	nal Joint Inventor, if ar	ny:			A petitio	n has been file	d for th	nis unsigi	ned inv	entor
Given Na	me (first and middle [if any])				Family Na	ne or	Sumame		
	Ryo					N	1atsui	i		
Inventor's Signature			•	Date						
Residence: City	Tokyo	State			Country	Japar	1	Citize	nship	JP
Post Office Address	c/o Biomedical Res	earch	_aborato	ories	, Kurel	ha Corporati	on			
Post Office Address	3-26-2, Hyakunin-ch	no, Shi	njuku-ku	ı						
City	Tokyo	State			ZIP	169-8503	3 6	Country		Japan

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box -> +	Please type	a plus :	sign (+)	inside th	is box -	→ +
--	-------------	----------	----------	-----------	----------	------------

PTO/SB/02A (3-97)
sign (+) inside this box

+ Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2_ of 3_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])						Family Na	me or	Surname		
Masashi					Yamamoto					
Inventor's Signature							Date			
Residence: City	Tokyo	State					Japan		hip	JP
Post Office Address	c/o Biomedical Research Laboratories, Kureha Corporation									
Post Office Address	3-26-2, Hyakunin-ch	3-26-2, Hyakunin-cho, Shinjuku-ku								
City	Tokyo	State			ZIP	169-8503	Count	ту	Jap	an
Name of Additional Joint Inventor, if any:										
Given Name (first and middle [if any]) Family Name or Surname										
Tomohiro				Sawa						
Inventor's Signature					Date					
Residence: City	Tokyo	State			Country	Japai	Citize	nship	JP	
Post Office Address	c/o Biomedical Rese	earch L	aborato	ories	, Kurel	ha Corporati	ion			
Post Office Address	3-26-2, Hyakunin-ch	o, Shin	juku-ku	1	•					
City	Tokyo	State			ZIP	169-8503	Cou	_{ntry} Japan		pan
Name of Addition	nal Joint Inventor, if an	y:			A petitio	on has been file	ed for t	his unsigr	ned inv	entor
Given Na	me (first and middle [if any])		Family Name or Surname						
	Shigeru						Suzuk	i ———		
Inventor's Signature								Da	te	
Residence: City	Tokyo	State			Japan Country		JP Citizenship		JP	
Post Office Address	c/o Biomedical Res	earch L	aborato	ories	, Kure	ha Corporat	ion			
Post Office Address	3-26-2, Hyakunin-ch	o, Shin	juku-ku							
City	Tokyo	State			ZIP	169-850	3	Country		lapan

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box -> +	╌
--	---

PTO/SB/02A (3-97)
sign (+) inside this box

+ Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>

Name of Additional Joint Inventor, if any:										
Given Name (first and middle [if any]) Family Name or Sumame										
	Mikiro					· Y	anak	а		
inventor's Signature								Date		
Residence: City	Tokyo	State			ountry	Japan		Citizens	hlp	JP
Post Office Address	c/o Biomedical Research Laboratories, Kureha Corporation									
Post Office Address	3-26-2, Hyakunin-cho, Shinjuku-ku									
City	Tokyo	State			ZIP	169-8503	Count	ry	Jap	oan
Name of Additional Joint Inventor, if any:										
Given Na	Given Name (first and middle [if any]) Family Name or Surname									
Inventor's Signature								Da	te	
Residence: City		State			ountry			Citize	nship	
Post Office Address										
Post Office Address										
City		State			ZIP		Cou	intry		
Name of Addition	nal Joint Inventor, if ar	ny:			A petitio	on has been file	ed for t	his unsigi	ned inv	entor
Given Na	me (first and middle [if any	·])				Family Na	me or	Sumame		
						N	<i>l</i> atsu	i		
Inventor's Signature								Da	te	
Residence: City	Tokyo	State	<u> </u>		Country			Citize	nship	
Post Office Address										
Post Office Address									ı	
City		State			ZIP			Country		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.